## UNITED STATES DISTRICT COURT DISTRICT OF OREGON PORTLAND DIVISION

Roo	d Eslami	Civil Case No.
	In the process of the second	(to be assigned by Clerk of the Court)
(Ente	ter full name of plaintiff(s))	APPLICATION TO PROCEED IN FORMA PAUPERIS
	Plaintiff(s),	à (macify rathmenta)
	v.	
Fed	deral National Mortgage Association,	
	10 cm 10 cm. profesiona propiar tellico	
(Ente	ter full name of ALL defendant(s))	
	Defendant(s).	
	E. Rain ser treets, larener, or its unex	
hat, i	I, Rod Eslami, declare the support of my request to proceed without pre-	nat I am the plaintiff in the above-entitled proceeding ayment of fees under 28 U.S.C. 8 1915. I declare that
am ı	in support of my request to proceed without prepunable to pay the fees for these proceedings or ght in the complaint.	ayment of fees under 28 U.S.C. § 1915, I declare that we security therefor and that I am entitled to the relie
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	If the answer is "No," state:	- 1 + 11 .
	Name of last employer: Pobox 6494 &	DUCTION (out of business f
	Address of last employer: POBOX6494 &	Beaverton o Regon 97007
	Date of last employment: 2006	
	Amount of take-home salary or wages: \$ Vavie	d per month (specify pay period)
s your spouse or significant-other employed? Yes No Self-employed Not applicable if the answer is "Yes," state:		
	Employer's name:	
	Employer's address:	
	Amount of take-home pay or wages: \$	per (specify pay period)
1 the	past 12 months have you received any money from	m any of the following sources?
	Business, profession or other self-employment	☐Yes ☑No
	If "Yes," state: Amount received:	\$
	Amount expected in future:	\$
).	Rent payments, interest, or dividends	Yes No
	If "Yes," state: Amount received:	\$
	Amount expected in future:	\$
	Pensions, annuities, or life insurance payments	Yes No
	If "Yes," state: Amount received:	\$
	Amount expected in future:	\$
	Disability or workers compensation payments	Yes No
	If "Yes," state: Amount received:	\$
	Amount expected in future:	\$
	Gifts or inheritances	\$Yes \( \sum \) No
	If "Yes," state: Amount received:	\$
	Amount expected in future:	\$
	Any other sources	Yes No
	If "Yes," state: Source:	
	Amount received:	\$
	Amount expected in future:	\$

Revised August 6, 2010 Page 2

Do you have cash or checking or savings accounts? Yes No (including prison trust accounts)?
If "Yes," state the total amount: $2500.00$
Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes No
If "Yes," describe the asset(s) and state the value of each asset listed.
Residential property: But is Foreelosed:
Residential property: But is Foreelosed:  Time share property: But is Foreelosed.  X5 BMW Automobile: But has been repossesed.
Do you have any other assets? Yes No
If "Yes," list the asset(s) and state the value of each asset listed.
Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses?  If "Yes," describe and provide the amount of the monthly expense.  UTilities: \$250/M  Transportation, etc. \$250/M
Transportation, etc: \$100/M
List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.  Elizabeth ESLAMI Wife  SUSAN ESLAMI Daughter

Revised August 6, 2010 Page 3

10.	Do you have any debts or financial obligations?
	If "Yes," describe the amounts owed and to whom they are payable.
	+ Lave done Bank runter in Location and a coop
	I have done bank ropie in less man a gear ago:
	I have done Bankruptey in tersthan a year ago.  I don't remem ber any other owe ordebt at this  Time, but it is possible.
	Time but it is possible.
	7 7/0/2
trust	If I am incarcerated, I hereby authorize the agency having custody of me to collect from my account and forward to the Clerk of the United States District Court payments toward the full
	fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).
	I declare under penalty of perjury that the above information is true and correct.
3	1-16-13 Rodrisly
DATI	SIGNATURE OF APPLICANT
	Rod Eslami

PRINTED NAME OF APPLICANT